

Town of Ramapo

Full Day Summer Camp Registration 2004

59 Campbell Avenue
Suffern, NY 10901
(845) 357-6100

Parent/Guardian Name	Last: _____	First: _____
Phone Numbers	Home: () _____	Work: () _____

Camper Information: A separate form MUST be completed for each child

Last Name	First Name	Grade in Fall	Date of Birth/ Age	Sex
				M or F

Please list the school your child will be attending in the fall/2004: _____

Is the child listed above allowed to walk home from the camp program after dismissal? ____ Yes ____ No

Please check the appropriate camp and options that apply to the camper listed above

<u>CAMP</u>	<u>Gr.</u>	<u>FEE</u>	<u>CAMP</u>	<u>Gr.</u>	<u>FEE</u>
<input type="radio"/> Camp Excel (includes 3 trips)	3-9	\$675.00	<input type="radio"/> Sports Camp (one week includes 1 trip)	3-9	\$175.00
<input type="radio"/> Create & Explore*	1-6	\$525.00	<u>Session I</u>		
* Trip fees separate			<input type="radio"/> Tennis Camp –half-day	Ages 7-16	\$100.00
<input type="radio"/> Teen Trek (includes 9 trips)	7-9	\$750.00	<input type="radio"/> Tennis Camp –full-day	Ages 7-16	\$200.00
<input type="radio"/> Extended Day (3:00-5:00pm)		\$135.00	<u>Session II</u>		
(Create & Explore and Teen Trek ONLY)			<input type="radio"/> Tennis Camp –half-day	Ages 7-16	\$100.00
<input type="radio"/> Sports Camp (includes 5 trips)	3-9	\$675.00	<input type="radio"/> Tennis Camp –full-day	Ages 7-16	\$200.00
			<input type="radio"/> Additional Child Discount	\$(50.00)	
			• Not valid for Specialty Camps		

Total Due \$ _____ Check # _____ Cash _____ (in person only)

Credit Card (Visa/MC only) _____ Exp. Date _____

Make checks payable to: **Town of Ramapo**

The undersigned hereby release the Town of Ramapo, its Town Board, employees, and volunteers of any liability whatsoever in connection with any damages and/or injury that the above named person may sustain as a result of his/her participation in the above named program. I authorize the use of photos for promotional purposes.

Parent/Guardian Signature (required)

Date

(*Both sides of this form must be complete in order to register)



Camper's Name: _____

Camper Health History & Information

(MUST be completely filled out to register)

All information is confidential and remains with the camp office. Please complete all questions in necessary detail for your child's welfare and enjoyment. **Remember to sign at bottom-** a doctor's physical is not required.

Address: _____ Home Phone: _____

School in Fall: _____ Grade in Fall: _____ Age: _____ Date of Birth: / / M or F

Mother/Guardian Name: _____ Work/Beeper/Cell# _____

Father/Guardian Name: _____ Work/Beeper/Cell# _____

If the child's primary language is other than English, please list: _____

Emergency/Pick-up Information:

Please list additional contacts, must be 18 or over, that could be called during camp hours in the case of emergency, if you cannot be reached. The individuals listed below are the only individuals authorized to pick-up your child in addition to the Parent/Guardians listed. We will not release your child to anyone that is not listed without written permission.

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

3. Name: _____ Relationship: _____ Phone: _____

Medical Information:

Doctor's Name: _____ Phone: _____

Please list any allergies (bee stings, foods, medications, etc.) _____

Are any medications or precautions necessary for the allergy? _____

Is your child required to take medication or use an inhaler during camp hours? o Yes o No If yes, please list: _____

Medical Comments-limitations for camp activities (i.e. physical, visual, auditory, etc): _____

Immunization Record- Required by N.Y.S. Fill in dates- No attachments

MMR Vaccine- Mumps, Measles, Rubella (2 doses): 1- _____ 2- _____

Oral Polio (3 dose): 1- _____ 2- _____ 3- _____

Diphtheria/Tetanus (4 doses): 1- _____ 2- _____ 3- _____ 4- _____

** Please remember all dates must be hand written in appropriate spots, all spaces MUST be filled. Applications with attachments will be returned and not registered.*

Emergency Authorization:

In the event that I cannot be reached and an emergency occurs, I hereby give permission to the physician selected by the Recreation Director to hospitalize and secure treatment for my child.

Parent/Guardian Signature (required)

Date